

FISCAL YEAR 2003 HOUSE CURRENT LEVEL REPORT AS OF JULY 11, 2002

[In millions of dollars]

	Budget authority	Outlays	Revenues
Enacted in previous sessions:			
Revenues	0	0	1,536,324
Permanents and other spending legislation	1,090,473	1,038,707	0
Appropriation legislation	0	313,127	0
Offsetting receipts	-346,866	-346,866	0
Total, previously enacted	743,607	1,004,968	1,536,324
Enacted this session:			
Job Creation and Worker Assistance Act of 2002 (P.L. 107-147)	3,524	3,587	0
Farm Security and Rural Investment Act of 2002 (P.L. 107-171)	8,532	8,406	0
Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (P.L. 107-188)	1	1	0
Auction Reform Act of 2002 (P.L. 107-195)	775	775	0
Total, enacted this session	12,832	12,769	0
Entitlements and Mandatories: Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted	288,733	286,968	0
Total Current Level	1,045,172	1,304,705	1,536,324
Total Budget Resolution	1,784,073	1,767,146	1,531,893
Current Level Over Budget resolution	0	0	4,431
Current Level Under Budget Resolution	-738,901	-462,441	0
Memorandum:			
Revenues, 2003-2007:			
House Current Level ¹	0	0	8,699,516
House Budget Resolution	0	0	8,671,656
Current Level Over Budget Resolution	0	0	27,860

¹ The revenue effects of the Clergy Housing Allowance Clarification Act of 2002 (P.L. 107-181) begin in 2004 and are included in this revenue figure.

Source: Congressional Budget Office.

Notes: P.L.=Public Law.

Section 314 of the Congressional Budget Act, as amended, requires that the House Budget Committee revise the budget resolution to reflect funding provided in bills reported by the House for emergency requirements. To date, the Budget Committee has increased the outlay allocation in the budget resolution by \$10,714 million for this purpose. This amount is not included in the current level because the funding has not yet been enacted.

GLOBAL HIV, TUBERCULOSIS AND MALARIA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SOLIS) is recognized for 5 minutes.

Ms. SOLIS. Mr. Speaker, I appreciate the opportunity to be here tonight, and I want to especially thank my good friend, the gentlewoman from California (Ms. LEE) and applaud her for her work in bringing us together here tonight to talk about the HIV pandemic. We have all been closely following the happenings this week at the 14th International AIDS Conference in Barcelona, Spain, and although it is exciting to hear about the new research breakthroughs and findings, it is also disheartening to hear about the sheer number of people who are infected and affected by this disease throughout the world.

More than 40 million people are living with HIV worldwide, and nearly 5 million of those people were diagnosed with HIV just last year alone. Ninety-six percent of those people living with HIV reside in developing countries, Third World countries and, for example, 1.5 million children and adults in Latin America alone are living with HIV. About 130,000 of these were diagnosed just last year.

Unfortunately, many HIV-positive individuals do not even know they have the deadly disease. We still have a long way to go to raise awareness about the disease and to ensure that Nations have the resources to implement proven prevention and treatment programs. We must do more to help our global neighbors combat this deadly disease.

UNAIDS has estimated that between \$7 billion and \$10 billion is needed each year to effectively respond to the global HIV/AIDS epidemic, but during this last fiscal year, the United States only contributed an estimated \$1 billion to HIV and AIDS research. This includes a \$200 million of contribution to the

Global Fund to Fight AIDS, Tuberculosis and Malaria, and I think that is great, but we can do a lot better.

It is important to note that aid for global HIV effort is more than a moral responsibility. It is an economic and political necessity. Countries with AIDS face economic and social threats as governments struggle with the burden of trying to pay for HIV treatment and prevention, and often the populations most affected by HIV are the key to the economic stability of these nations.

As an example, these people are the ones between the age of 15 and 24 years old. They represent 42 percent of the newest HIV infections and make up about one-third of the global total of people living with AIDS. When these people face the threat of AIDS, their families and communities are devastated and, of course, HIV also has a particularly devastating impact on the youngest of our global population.

Worldwide, an estimated 14 million children under the age of 15 have lost one or both parents from AIDS. The stories of children who are orphaned by AIDS are heartbreaking to all of us. We cannot afford to ignore the AIDS crisis. We must commit ourselves to doing more, and I hope that this Congress can make that commitment, and I certainly urge and strongly urge the President of the United States to do the same.

CALLING FOR U.S. ACTION ON GLOBAL HIV AND AIDS PANDEMIC

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, it is with a heavy heart that I rise today to talk about the global AIDS pandemic and the catastrophic consequences of doing so little, too little to combat it here at home and around the world.

Here at home, HIV and AIDS is the number one killer of young black men. Here in the United States, where most are able to afford or have access to the standard of care for this disease, the instance of mortality has declined sharply, thanks to antiretroviral combination therapy. But make no mistake about it, HIV is a clever, still lethal virus, and the emphasis of these drugs is limited.

For many who have developed resistance to these drugs, the treatment is called salvage therapy. Think about the term, salvage therapy. It is shocking and sad that the two words are used in the same breath, but it is true.

The pharmaceutical industry, often with substantial government funding and research support from NIH and CDC, has made great strides, and it will have to do so again because many of the newest HIV cases are diagnosed resistant to one or more of the existing drugs. I call on the pharmaceutical industry to redouble its effort to consider spending much less on public relations and marketing and much more on research and development.

I would ask this Congress to take up and pass the legislation authored by the gentleman from New York (Mr. NADLER), who has long advocated for an anti-AIDS effort similar to the Manhattan Project.

Twenty million people have died from AIDS in the last two decades. According to the United Nations AIDS agency, 70 million more people could perish in the next 20 years.

Looking internationally, the picture is bleak and in danger of becoming a world destabilizing force, a holocaust due to woefully inadequate resources. The problem is not limited to African nations, which currently have the greatest share of the infection. Other developing countries, as well as Russia and China, are only just coming to grips with the severity of the HIV and AIDS epidemic.